NORTH CAROLINA EMERGENCY DEPARTMENT (ED) VISITS FOR **OPIOID OVERDOSE: APRIL 2018**

600

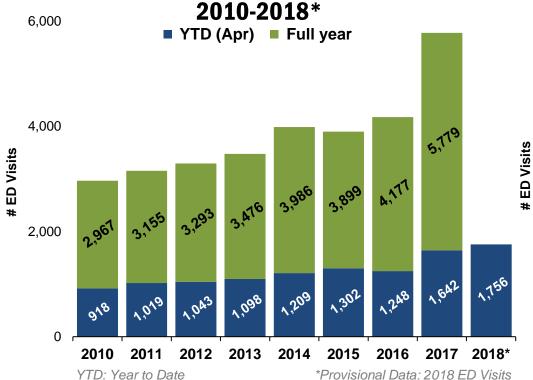
Opioid overdose ED visits April 2018

Compared to 453 April 2017

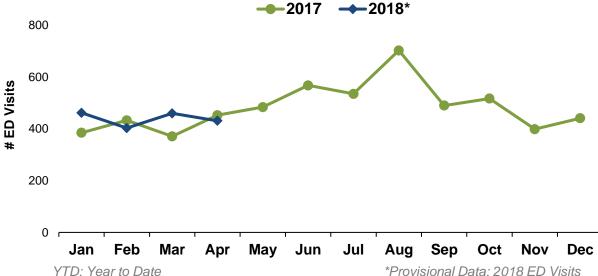
Source: NC DETECT: ED; Syndrome: Overdose: Opioid Overdose (ICD-9/10-CM)

Note: Counts based on diagnosis (ICD-9/10-CM code) of an opioid overdose of any intent (accidental, intentional, assault, and undetermined) for North Carolina residents. Opioid overdose cases include poisonings with opium, heroin, opioids, methadone, and other synthetic narcotics.

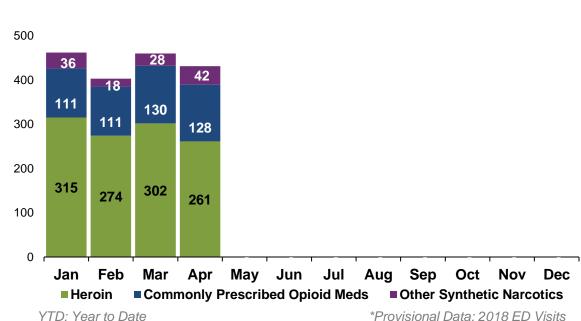
Opioid Overdose ED Visits by Year:



Opioid Overdose ED Visits by Month: 2017-2018*



Monthly ED Visits by Opioid Class: 2018* YTD



Rate of Opioid Overdose ED Visits by County: April 2018*

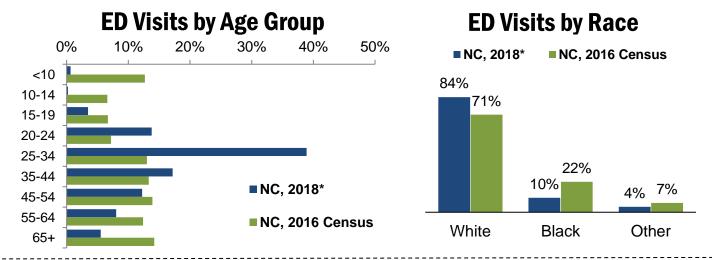
Rate per 100,000 N.C. residents 1.7 - 3.9 4.0 - 9.9 10.0 - 18.0

Highest Rates of Opioid Overdose ED Visits by County:

	County	Count	Rate
Ī	Surry•	13	18.0
	Cumberland•	36	11.0
	Gaston•	14	6.5
	Buncombe	15	5.9
	Pitt	10	5.6
	Guilford	27	5.2
	Forsyth•	17	4.6
	Durham	14	4.6
	Mecklenburg	33	3.1
	Wake	18	1.7

Note: Rate per 100,000 N.C. residents; Rates not shown for counties <10 cases;

Demographics of 2018 Opioid Overdose ED Visits Compared to the 2016 NC Standard Population Census



Demographic data from the North Carolina census provide population-level context for potential disparities by age or race among opioid overdose ED visits.

In North Carolina, ED visits for opioid overdose occur predominately among whites, and those ages 25-34 years.

Source: U.S. Census Bureau. *Quick Facts Data: North Carolina 2016*. Retrieved August 22, 2017, from http://quickfacts.census.gov.



NOTE: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is North Carolina's statewide syndromic surveillance system. For training on NCDETECT, contact Amy Ising, ising@ad.unc.edu.

No cases

Suppressed (<10 cases)

^{• ≥5} overdoses this month compared to last month.

^{*}Emergency department visit data from NC DETECT are provisional and should not be considered final. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. NC DETECT reports five categories of race: White, Black, American Indian, Asian, or Other. Due to low counts, Asian, American Indian, and Other races have been collapsed into a single category.